P OLED HIM	THE DIVISION OF HEALTH OF MISSOURI							ORIO	ď
State OF DEATH State							 File No	33:0-	,
BIRTH NO.		REG. DIST	. m. <u>318</u>			003. Regist	trar's No:	494	3
a. COUNTY	ATH			a STATE Miss	DENCE o	Where deceased liv b. COU	ed. If ineti NTY	itution: resid	mos before admission).
TOWN St.I	ouis	townsh	(in this place	OR TOWN St.	Louis		d. Is Resid a city o Yes	sence within lir r incorporated No	nits of jown?
d. FULL NAME OF HOSPITAL OR INSTITUTION									,
3. NAME OF DECEASED (Type or Print)	a. (First) Nora	Nonie	b. (Middle)	c. (Last)					Year)
ii /	COLOR OR RACE	WIDOWED.		8. DATE OF BIRTH	5	9. AGE (In years last birthday)	IF UNDER 1	TEAR # INC	ER as sets.
10a. USUAL OCCUPATIOn done during most of work	ON (Give kind of working life, even if retired)	10b. KIND OI	F BUSINESS OR IN	11. BIRTHPLACE (G		e or Foreign Coun	ا ا ان	2. CITIZEN COUNTRY:	OF WHAT
			MOTHER'S MAIDE	N NAME	14. NAM				
		A	ugusta Sch	umacher	1	_			
15. WAS DECEASED EVE (Yee, no, or unknown) (III	R IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY					ADDI	RESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	CONDITION DING TO DEATH*	MEDICAL (a)		المعربة			INTERVAL B ONSET AND	ETWEEN DEATH
*This does not mean the mode of dying, such	Morbid condition	s. If any, eleino	DUE TO (b)	teriose	ler	atie.	AA	asl	,
etc. It means the dis-	i fise to the above o	rause (a) stating use last.							
tion which caused death.									
	related to the disea			420.	0				
19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPER	ATION			<i>i</i>			<u> </u>
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF IN	JURY (e.g., to or about street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COU	INTY)		E)
21d. TIME (Month) OF INJURY	(Day) (Year) (WHILE A	TIT NOT WHILE	21f. HOW DID INJURY	OCCUR?				
22. I hereby certify that I attended the deceased from									
256. SIGNATURE		elle to	nona	23b. ADDRESS 300	E	land	1:	23c. DATE S	IGNED
24a BIRTAL, CREMA- TION, REMOVAL (Breedly) Removal	245. DATE	24c.					, or county		tate
DATE REC'D BY LOCAL REG.		IGNATURE .	. /) . A	25. FUNERAL DIRECT	OR'S \$1	GHATURE	ADDI	DE SS	
	BIRTH NO. 1. PLACE OF DE a. COUNTY b. CITY (If outside a OR TOWN St. I d. FULL NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX Female 10a. USUAL OCCUPATITE done during most of work HOUSe will 13a. FATHER'S NAME Smith F 15. WAS DECEASED EVE (Yes. no. or unknown) (III n) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Month) OF INJURY 22. I hereby certify the alive on Signature on Signature as Company (Company Company	1. PLACE OF DEATH a. COUNTY D. CITY (If outside corporate limits, write OR TOWN St. LOUIS d. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION City 3. NAME OF a. (First) DECEASED (Type or Print) NOTA 5. SEX Fe male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 13a. FATHER'S NAME Smith F Clark 15. WAS DECEASED EVER IN U.S. ARMED (Yee, no. or unknown) (If yee, give war or date in the control of the disease, infury, or complication which caused death. 19a. DATE OF OPERATION 19b. MAJOR FINITION 21a. ACCIDENT CONTROL 21b. ACCIDENT CONTROL 21c. ACCIDENT CONTROL 21c. ACCIDENT CONTROL 21d. TIME (Month) (Day) (Year) 22d. SIGNATURE 22d. SIGNATURE 22d. SIGNATURE 22d. SIGNATURE 22d. SIGNATURE May 28	BIRTH MO. REG. DIST I. PLACE OF DEATH a. COUNTY D. CITY (II outside corporate limits, write RURAL and give townsh TOWN St. LOUIS G. FULL NAME OF (If not in hospital or inatistation, give stand HOSPITAL OR City HOSPITAL 3. NAME OF a. (First) DECEASED (Type or Print) NOTA NONIE 5. SEX 6. COLOR OR RACE WIDOWED WID	STANDARD CERTION BIRTH MO. REG. DIST. MO. 318 1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. LOUIS d. FULL NAME OF (If not in hompital or institution, give street address or location) 2. INSTITUTION City Hospital 3. NAME OF a. (First) DECEASED (Type or Print) Nora Nonie 5. SEX 6. COLOR OR RACE White Units, wreat it restreed to done during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during most of working life, even it restreed to the during life of (e), (b), and (c) 13a. FATHER'S NAME Smith F Clark Smith F Clark Smith F Clark Smith F Clark Augusta Sch Directly LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, I gain, giving DUE TO (b) "This does not mean the durent pring cause last. In OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition contring death. 19a. DATE OF OPERA. TION 13b. MAJOR FINDINGS OF OPERATION TION 21c. MOSTAL SECURITY WILLIAM DUE TO (b) WILL	STANDARD CERTIFICATE OF DE BIRTH NO	STANDARD CERTIFICATE OF DEATH BIRTH NO.	SIRTH NO. SETANDARD CERTIFICATE OF DEATH SIRTH NO. SETANDARD CERTIFICATE OF DEATH SIRTH NO. SETANDARD CERTIFICATE OF DEATH S. COUNTY 1. PLACE OF DEATH S. COUNTY D. CITY (If outside corporate limits, write RURAL and sirve TOWN St.Louis C. CITY (If outside corporate limits, write RURAL and sirve TOWN St.Louis C. CITY (If outside corporate limits, write RURAL and sirve TOWN St.Louis C. CITY (If outside corporate limits, write RURAL and sirve TOWN St.Louis C. CITY (If outside corporate limits, write RURAL and sirve TOWN St.Louis C. CITY (If outside corporate limits, write RURAL and sirve C. CITY ON St.Louis S. STATE Missouri S. STATE Missouri S. STATE Missouri S. STATE Missouri S. CADE OF DEATH S. SEX S. SEX	STANDARD CERTIFICATE OF DEATH SIETY NO.	STANDARD CERTIFICATE OF DEATH State File No. 1 PLACE OF DEATH a. COUNTY 1 PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (There desented three. It incitionism) rolls b. COUNTY 1 PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (There desented three. It incitionism) rolls c. CITY TOWN St. LOUIS 6 DEATH a. COUNTY 1 PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (There desented three. It incitionism) rolls c. CITY TOWN St. LOUIS 6 DEATH a. COUNTY 1 PLACE OF DEATH a. COUNTY C. CITY TOWN St. LOUIS 6 DEATH C. CITY MARSIED NEVER MARRIED STREET CITY FOR A PROPERTY TOWN May 25 1957 TOWN St. LOUIS 6 DEATH C. CITY TOWN St. LOUIS 6 DEATH C. CITY MARSIED NEVER MARRIED STREET CITY FOR A PROPERTY STREET CITY FOR A PROPERTY TOWN St. LOUIS C. CITY TOWN ST. LOUIS C. LOUIS C. LOUIS C. L

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal by me, or by, Student Embalmer No...

working under my personal supervision..

Licensed Embalmer No. 379

P. O. Addres 3/25 A. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Carrier Const. The State of